

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
REQUEST FOR TERMINAL ACCESS AND OTHER ACTIVITIES
CONFIDENTIAL INFORMATION

I. USER INFORMATION ☐ **DES EMPLOYEE** ☐ **DES VOLUNTEER** ☐ **NON-DES EMPLOYEE**

NAME (<i>Last, First, M.I.</i>)			SOC. SEC. NO.		SITE CODE	PHONE NO.	COST CENTER
PHYSICAL WORK LOCATION (<i>No., Street, City, State, ZIP</i>)			TITLE/JOB DESCRIPTION				
DIVISION/ADMINISTRATION	DISTRICT	SECTION		UNIT		PERSONAL ID WORD	

II. ACCESS ☐ **ADD NEW USER** ☐ **ADDITIONAL ACCESS** ☐ **REMOVE ACCESS** ☐ **TERMINATE ALL ACCESS**

Start date

End date

<input type="checkbox"/>	CICS3 (<i>Production</i>)	SERVER ID	PRINTER ID
<input type="checkbox"/>	TSO		
<input type="checkbox"/>	LAN/WAN		
<input type="checkbox"/>	INTERNET		
<input type="checkbox"/>	OTHER		

E-MAIL ADDRESS		DATE
SUPERVISOR'S NAME (<i>Print name</i>)		PHONE NO.
AGENCY	ADDRESS (<i>No., Street, City, State, ZIP</i>)	
		AUTHORIZATION

IV. DES SECURITY USE ONLY					
LOGON		OPID		UID	
				CICS/TSO ACCOUNT	
COMMENTS					
DATE ACTION COMPLETED	DSR/PSR'S NAME		DATE ACTION COMPLETED	DSR/PSR'S NAME	

INTERNAL EFORM

Retention: Three years after termination. Follow Confidential Disposal Regulations.